

STATE OF MAINE  
DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES  
DIVISION OF LICENSING

APPLICATION FOR LICENSURE/CERTIFICATION

(EMPLOYEE ASSISTANCE PROGRAM)

DATE: \_\_\_\_\_

APPLICATION IS:            NEW \_\_\_\_\_ RENEW \_\_\_\_\_

NAME/TITLE OF ADMINISTRATOR/OPERATOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MAILING ADDRESS (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY # OR EMPLOYEE I.D. # \_\_\_\_\_

CONTACT PERSON/PHONE (if different): \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF FACILITY/AGENCY: \_\_\_\_\_

CORPORATE NAME (if different): \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

(if different from above) \_\_\_\_\_

\_\_\_\_\_

TYPE OF FACILITY/AGENCY:

Individual Proprietorship: \_\_\_\_\_

Partnership: \_\_\_\_\_

Non-Profit Corporation: \_\_\_\_\_

For-Profit Corporation: \_\_\_\_\_

Tribal Government: \_\_\_\_\_

Parent Co-op: \_\_\_\_\_

Church: \_\_\_\_\_

Other (describe): \_\_\_\_\_

PLEASE ENTER THE INFORMATION BELOW FOR THE EMPLOYEES COVERED BY  
YOUR COMPANY'S EAP IN THE STATE OF MAINE:

Number of Employees: \_\_\_\_\_ Age range: \_\_\_\_\_ Gender: \_\_\_\_\_

EAP SERVICE PROVIDER INFORMATION:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

I/We further certify that all information contained in this application (including addendum) is complete and accurate.

SIGNATURE REQUIRED:

\_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant/Operator/Administrator

\_\_\_\_\_  
Type or Print Name

*FURTHER INSTRUCTIONS:*

1. COMPLETE THE ATTACHED ADDENDUM SPECIFIC TO THE TYPE OF LICENSURE OR CERTIFICATION THAT IS BEING APPLIED FOR.
2. SUBMIT ALL ITEMS REQUESTED IN THE "PLEASE SUBMIT" SECTION OF THE FORM.

ADDENDUM  
APPLICATION FOR – EMPLOYEE ASSISTANCE PROGRAM

PLEASE SUBMIT:

1. Completed Application
2. Policy Manual (New Application Only)
3. Annual report (Renewal Applicants Only)
4. Two (2) Year Re-Evaluation EAP Utilization Report (Renewal Applicants Only)
5. \$100.00 new application fee / \$50.00 reapplication fee  
(Make checks payable to: TREASURER, STATE OF MAINE)

SUBMIT TO:

DARRELL WOOD  
DIVISION OF LICENSING  
STATE HOUSE STATION # 165  
AUGUSTA, MAINE 04333-0165

Phone: 207-287-8619

Fax: 207-287-4107

TTY: 207-287-991

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To Be Filled Out By The Division of Licensing

Date Received: \_\_\_\_\_

Action Taken:    Approved: \_\_\_\_\_    Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Further Action Required:

\_\_\_\_\_

Disapproved (Reason):

\_\_\_\_\_

Notification to the Department of Labor: \_\_\_\_\_

Date Certificate Sent and Number: \_\_\_\_\_

Licensing Staff: \_\_\_\_\_

Date Review Complete: \_\_\_\_\_